

PREA AUDIT REPORT ☐ Interim ☒ Final
ADULT PRISONS & JAILS

Date of report: August 3-5 2016

Auditor Information			
Auditor name: Dave Cotten			
Address: 11363 Lockhart Road, Delta, CO 81419			
Email: dave.cotten@state.co.us			
Telephone number: 970-874-7614			
Date of facility visit: August 1-2, 2016			
Facility Information			
Facility name: Wyoming Honor Farm			
Facility physical address: 40 Honor Farm Road, Riverton WY 82501			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 307-856-9578			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Michael Pacheco			
Number of staff assigned to the facility in the last 12 months: 80			
Designed facility capacity: 283			
Current population of facility: 271			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 21-71			
Name of PREA Compliance Manager: Sarah Saxby		Title: Policy Analyst	
Email address: sarah.saxby@wyo.gov		Telephone number: 307-857-2702	
Agency Information			
Name of agency: Wyoming Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 1934 Wyott Drive, Suite 100, Cheyenne, Wy. 82002			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 307-777-7208			
Agency Chief Executive Officer			
Name: Robert O. Lampert		Title: Director	
Email address: bob.lampert@wyo.gov		Telephone number: 307-777-7467	
Agency-Wide PREA Coordinator			
Name: Scott Abbott		Title: Deputy Administrator Prison Operations	
Email address: scott.abbott@wyo.gov		Telephone number: 307-777-3532	

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) audit was coordinated by the Colorado Department of Corrections and the Wyoming Department of Corrections for the Wyoming Honor Farm.

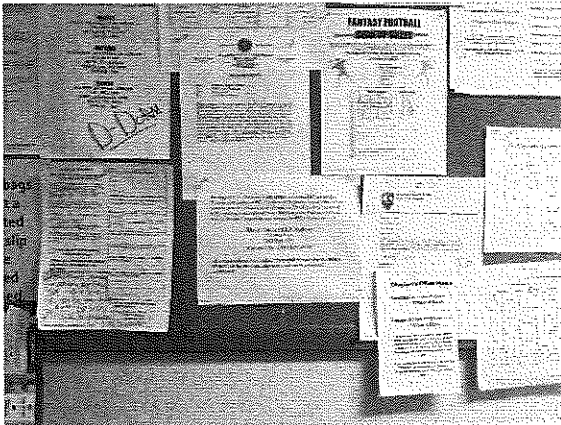
The Prison Rape Elimination Act (PREA) on-site audit was conducted on August 1 & 2, 2016 by Dave Cotten from Colorado, a U.S. Department of Justice Certified PREA Auditor for adult prisons, jails & community corrections. Assisting the auditor in a support role was Doug Wilson, also a certified PREA auditor.

Six weeks in advance of the audit several posters were hung throughout the facility announcing the upcoming audit. These posters explained the purpose of the audit and provided inmates and staff with the auditor's contact information. Audit posting was viewed while on-site, inmates stated they saw the postings. Within one month of the on-site review, the WHF PREA Compliance Manager submitted the Pre-Audit tool and supporting documents to the auditor. Prior to the on-site visit, the auditor conducted a comprehensive evaluation of agency policies, facility procedures, program documents, and other relevant materials. The review prompted questions for the agency PREA Coordinator and the on-site facility PREA Compliance Manager; all questions were answered on site.

As part of the facility audit, the auditor interviewed key agency and facility staff utilizing DOJ questionnaires. Interviews were conducted on site during this audit with the agency head Robert Lampert, Director of the Wyoming Department of Corrections and Scott Abbott, Deputy Administrator of Prisons and the agency's PREA Coordinator.

There were a total of 15 random inmate interviews conducted as part of the on-site visit. There were no inmates that had disclosed sexual victimization during risk screening, transgender or intersex inmates, disabled or limited English proficient. Two inmates were interviewed who had reported sexual abuse.

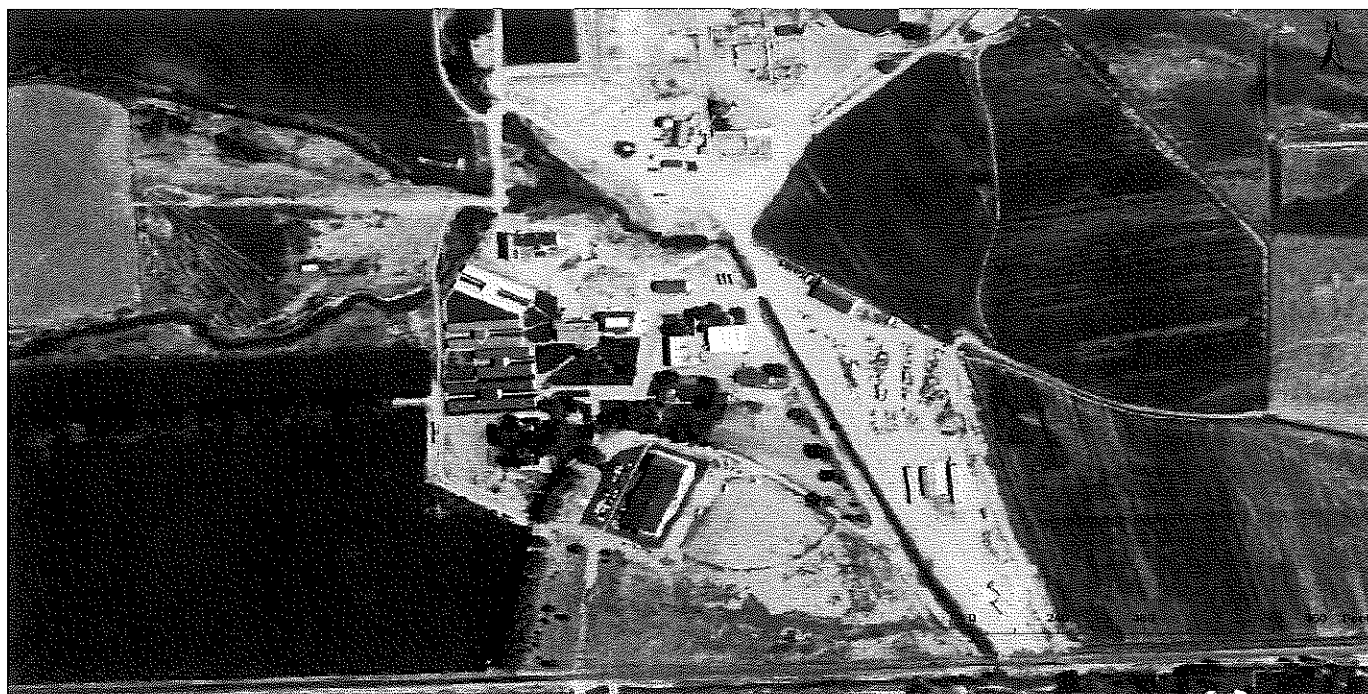
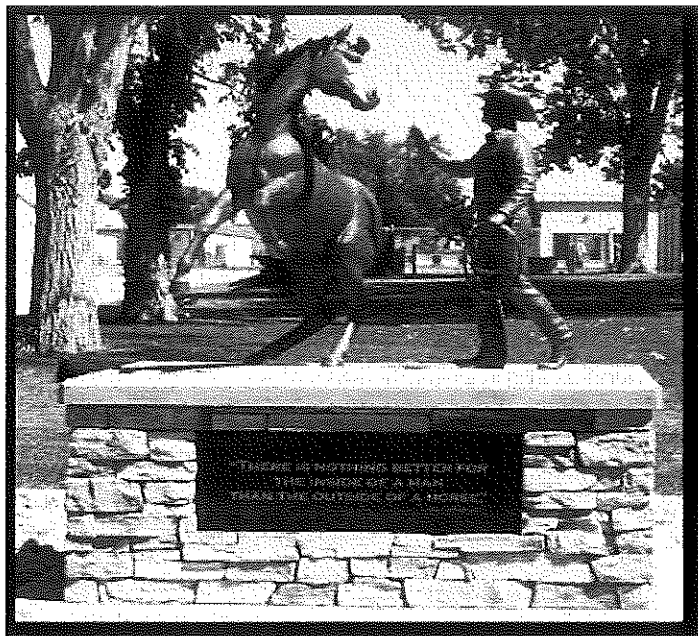
Staff interviews were conducted, which included 7 random staff from a sampling from both shifts (12 hour shifts). Specialized staff interviews conducted included the Agency Head, Agency PREA Coordinator, Facility Head, Facility PREA Compliance Manager, intermediate or higher level facility staff, Human Resources staff, staff that perform screening for risk of victimization and abusiveness, intake staff, contract staff, staff assigned to the incident review team, designated staff member charged with monitoring for retaliation and investigative staff. The facility reported there were no incidents involving cross-gender pat, strip or visual searches and no youthful inmates. There were 21 staff interviews conducted in-person in a private offices during the facility visit.



DESCRIPTION OF FACILITY CHARACTERISTICS

Wyoming Honor Farm (WHF) is a 283 bed minimum security state prison located near the town of Riverton, Wyoming. The facility has 41 buildings spread over 869 acres of land. WHF was established in 1931 and has a strong local community relationship providing services throughout the local area. WHF houses offenders in four dormitory style living units and has space available for vocation, recreational and educational programming.

The facility prepares offenders for reentry by offering structured work environments teaching life management skills. 640 acres of the land is under farm operations and another 2300 acres are leased for the beef cattle operation with approximately 500 cows and 170 horses. Crops include alfalfa, corn and oats.



SUMMARY OF AUDIT FINDINGS

The PREA audit team was very impressed with the culture of the Wyoming Honor Farm. It was apparent the facility had done a great deal of work implementing PREA standards and creating a culture that enforces its zero tolerance policy for sexual abuse and sexual harassment. The inmate interviews all revealed that staff and the inmates are trained and educated to adhere to a zero tolerance for sexual abuse, harassment or assault. The culture displayed by all staff and inmates is healthy and does not accept sexual assault, abuse, or harassment of any kind.

An explanation of the findings related to each standard is provided in this report. It is important to note the intention of this report is to provide the reader with a summary of audit findings and highlight some examples of evidence supporting these findings. The narrative in the report is not an "all inclusive" list of the supportive evidence needed to meet each PREA standard. However, for each standard that was successfully met, interviews, observations, and review of additional documents during the on-site visit verified that practices employed at the Wyoming Honor Farm are consistent with agency policies and facility protocols.

Number of standards exceeded: none (0).

Number of standards met: 41

Number of standards not met: none (0)

Number of standards not applicable: two(2)—115.15 & 115.66

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Wyoming Department of Corrections (WDOC) and Wyoming Honor Farm (WHF) are both compliant with this standard as WDOC Policy 3.402, PREA Elimination Act (PREA) mandates zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting, and responding to such conduct. WHF adheres to the agency policy and WHF procedure 3.402.1 further outlines adherence.

Scott Abbott, Deputy Administrator off Prisons, is designated as the agency wide PREA Coordinator as defined in the policy. The facility head, Warden Michael Pacheco, has designated Sarah Saxby as the facility PREA compliance manager. Interviews with each indicated they have sufficient time and authority to complete their respective PREA specific assignments.

Standard 115.12 Contracting with other entities for the confinement of inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WDOC meets the standard as contracts for confinement with Big Horn County, Scottsbluff County and the Gateway Foundation contains language to comply with PREA standards. Contract includes providing WDOC the authority to monitor the contract agency's PREA standard compliance.

Standard 115.13 Supervision and monitoring

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WDOC and WHF are compliant with each element of this standard based on:

WDOC policy 3.402 and WHF policy 3.402.1 require compliance with this standard using verbatim from the standard itself including addressing each element of 115.13(a).

A memo from the director ensuring compliance with the development of and compliance with established staffing plans for each facility. Memo addresses each element of 115.13(a).

A memo from the Warden of WHF states there have been no instances of deviation from the staffing pattern, but should there be a deviation, the facility would document and justify it.

A memo from the agency director, which includes a statement of consultation with the agency PREA Coordinator, ensuring compliance with the annual review the staffing plan.

Policy: 3.402, PREA requires unannounced rounds specifically identifying key staff. Policy prohibits staff from alerting other staff or inmates of the supervisory rounds. Interviews with intermediate-level and higher level supervisors confirm they conduct unannounced rounds. A review, by audit staff, of numerous area logs support the interviews showing supervisory staff sign the log on each round.

Standard 115.14 Youthful inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)
- ☒ **X** Not Applicable

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

N/A as WHF does not house youthful offenders.

Standard 115.15 Limits to cross-gender viewing and searches

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ **X** Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 3.013 Searches requires no cross-gender "skin" searches except in exigent circumstances. Any exigent

circumstances requiring a cross-gender skin search must be documented. Policy also requires documentation of any cross-gender pat searches of female offenders. There are no female offenders housed at WHF.

3.013 also requires each facility to implement policies to enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit. WHF did have one toilet area which was not in compliance on the initial tour of the facility. The facility staff completed a permanent repair to bring the area into compliance. This repair was completed on day two of the sit visit and was verified by the auditor.

3.013 states WDOC shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Interviews with random staff confirm the facility and WDOC prohibit this type of exam.

3.013 also states staff are to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Auditor review of training records confirm all WHF staff have been trained in searches of transgender and intersex offenders.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WHF is compliant with 115.16 as noted in policy below and interviews with staff indicating staff understood and comply with the policy by ensuring LEP offenders have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment and that offenders are not used as interpreters. There were no LEP inmates housed at WHF at the time of the facility visit. Interviews with intake staff also indicate any offender who states or appears to not understand the PREA orientation is required to meet with a staff person, one on one, to ensure understanding.

Policy: 3.402 requires compliance with section a and b using text directly from the standard.

Policy: 3.402 states the agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties or the investigation of the inmate's allegations. Staff interviews confirm they have an understanding of this standard and each staff confirmed they would not use and offender interpreter and have not seen it occur.

The agency/facility has an established list of foreign language interpreters as they are needed and the agency provides written and video materials for Spanish speaking offenders as well as a Braille version of the written documents.

Standard 115.17 Hiring and promotion decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WHF is compliant with 115.17 as WDOC policy 3.402 states:

The WDOC shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who— (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph of this section.

The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

Before hiring new employees who may have contact with inmates, the agency shall: (1) Perform a criminal background records check; and (2) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates.

The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees.

The agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

An interview with the facility human resource coordinator indicates WHF complies with the agency policy. Background check documents were reviewed by auditors as was the application for employment asking about previous misconduct.

Policy 1.601 further requires background checks of volunteers and student interns prior to access to the facility and will be conducted at least every five years. This also was confirmed through staff interviews and records review.

Standard 115.18 Upgrades to facilities and technologies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WHF is compliant as WHF has had no substantial expansion or modification since before 2012. In an interview with the Director of WDOC, WDOC PREA Coordinator and the facility Warden numerous cameras have been added or updated to WHF to enhance the facility's ability to protect inmates from sexual abuse. Camera monitors were reviewed by the auditor.

Standard 115.21 Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) The agency utilizes outside law enforcement, either local or Wyoming State Patrol, for all criminal investigations. WHF uses a uniform evidence protocol for conducting administrative investigations. Policy and Procedure 3.009 *Evidence Handling and Storage* was reviewed and details evidence collection.

(b) The protocol was based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." WHF does not house anyone under the age of 18.

(c) In the past 12 months WHF has not had any allegations that required a forensic medical examination. If an allegation occurred, the victim would need transported to a hospital for examination. Due to the remote location of WHF and the lack of SANE/SAFE personnel in the area, inmates would be examined by physicians at the local hospital. In an interview, the Warden stated he was in constant contact with the local county attorney, who would prosecute potential crimes. The attorney indicated he could use a physician's exam to meet the requirements of bodily evidence.

Policy 3.402 was reviewed and states that the forensic medical examinations will be without financial cost to the victim.

(d & e) Attempts have been made for an agreement for services. Most have not come to reality. Negotiations are on-going with two separate possible victim advocates. Recent e-mails with Goshen County Task Force are looking promising.

(f) The Riverton Police Department or Wyoming State Patrol and Fremont County Attorney are contacted for investigation and potential prosecution.

Standard 115.22 Policies to ensure referrals of allegations for investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(b)(c) WDOC ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment per Policy and Procedure 1.014 Investigations. In the past 12 months, 5 allegations of sexual abuse and sexual harassment were received, all 5 had an administrative investigation and 2 were referred for criminal investigation. An administrative investigation was reviewed for an allegation of sexual abuse. Two staff were terminated from employment. This allegation was referred to local law enforcement for a criminal investigation and is currently an on going investigation. A screenshot of WDOC's website was provided that verifies the policies are available including Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* which states that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. Policy and Procedure 1.014 *Investigations* also states that an administrative or criminal investigation shall be completed for all allegations of sexual abuse and sexual harassment. The referral to law enforcement was documented in the administrative investigation report as well as the Incident Reporting Form.

Standard 115.31 Employee training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* details the training that all WDOC employees receive. The training was reviewed and it covers all required elements of this standard.
(b) WHF has had no staff transfer from a female facility in the last 12 months per a memo provided in the file and confirmed during interviews.
(c) All WHF staff have received the required training. WHF trains all staff on PREA annually and, between training sessions, policy updates are announced via email to all staff.
(d) A training acknowledgment form is signed by staff after PREA training that they have received and understand the training.
Interviews with random staff confirm WHF's training meets the standard requirements.

Standard 115.32 Volunteer and contractor training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, review of supporting documents and interviews show compliance with this standard.

- (a) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* includes that WDOC shall ensure that all volunteers and contractors receive training on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. All WHF volunteers have received the required training. The training curriculum was reviewed and it covered all required elements.
- (b) All WHF volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Interviews with available contractors support the compliance with this standard. This specific contractor indicated he has reported a PREA incident. No volunteers were available for interview but records were reviewed.
- (c) WHF volunteers and contractors sign a staff acknowledgment that states they have received the PREA training and understand all the information provided. An example acknowledgement form was reviewed for both a contractor and a volunteer.

Standard 115.33 Inmate education

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, review of supporting documents and interviews show compliance with this standard.

- (a) WDOC policy 3.402 requires: that during the intake process, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment and that;
- (b & c) WHF provides comprehensive education to inmates in person and through video regarding the inmates' rights to be free from sexual abuse and sexual harassment and to be free from retaliation or reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Supporting documents and interviews with intake staff and random offenders show WHF completes this training within 24 to 48 hours after arrival at the facility. WDOC provides a comprehensive training at the intake unit within 30 days during intake processing.
- (d) WHF provides inmate education in Spanish and in Braille. There were no LEP inmates housed at WHF at the time

of the facility visit. Interviews with intake staff also indicate any offender who states or appears to not understand the PREA orientation is required to meet with a staff person, one on one to ensure understanding.

(e) WHF maintains documentation of inmate participation in these education sessions through inmate signed acknowledgement forms.

(f) Key information is continuously and readily available or visible to inmates through posters, inmate handbooks, and pamphlets at WHF.

Standard 115.34 Specialized training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WDOC policy 1.014 requires that: (a & b) In addition to the general training provided to all employees pursuant to WDOC policy 3.402, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Interviews with PREA specific investigators support the policy and reflect the investigators have completed training and have good knowledge of interviewing victims, proper use of Miranda and Garrity warnings and the collection of evidence, in confinement settings, required to substantiate a case for administrative action or prosecution referral. (c) Certificates of completion for NIC and Wyoming Peace Officer Standards and Training (POST) were provided in the electronic files and additional certificates were viewed during the site visit. WHF is compliant with maintaining documentation of PREA specific investigator training.

Standard 115.35 Specialized training: Medical and mental health care

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WHF is compliant. WDOC policy 3.402 requires that:

(a) WDOC ensure all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Interviews with medical and mental health staff confirm they have completed PREA specific training and have sufficient knowledge of 1 through 4 above.

(b) If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the

appropriate training to conduct such examinations. PAQ notes there are no SANE/SAFE trained staff at WHF and they do not conduct forensic examinations.

(c) The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. Certificates of completion were provided for all six medical and mental health care practitioners assigned to WHF.

(d) Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner's status at the agency. WHF medical staff are contractors, but in lieu of contractor/volunteer training they attend the same annual PREA training as WHF staff.

Standard 115.41 Screening for risk of victimization and abusiveness

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WDOC policy 3.402 requires: (a) All inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. (b) Intake screening shall ordinarily take place within 72 hours of arrival at the facility. WDOC requires this action within 24 hours of placement. BEST PRACTICE

(c) Such assessments shall be conducted using an objective screening instrument. WHF provided copies of the screening tool which meets the standard. Other screening tools were viewed during the site visit.

(d) The provided intake screening tool and interview does consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability; (10) whether the inmate is detained solely for civil immigration purposes in not applicable.

(e) The provided initial screening tool and interview does consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive.

(f) Within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

(g) An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Auditor reviewed three risk assessments completed due to referral submitted as the result of a reported incident of sexual abuse.

(h) Per WDOC policy, inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section.

(i) WDOC has implemented appropriate controls on the dissemination within WHF of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates.

WDOC has implemented a policy update to ensure all offenders are screened within appropriate timeframes, per this standard.

Standard 115.42 Use of screening information

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) WHF provided a "Vulnerable Inmate Housing Plan" outlining the system used to house those offenders at high risk of being sexually victimized. Policy 3.402.1 also requires review for housing and program placement.

(b & c) WDOC policy 3.402 requires the agency to make individualized determinations about how to ensure the safety of each inmate.

Compliance is evidenced by: WDOC policy 3.402 requires the agency to consider on a case by case basis the placement of a transgender or intersex inmate to ensure the health and safety of that offender or present management or security problems. The offenders own views are to be given serious consideration in placement/assignment. Interviews with the facility PREA manager and Warden reflect the safety of an identified offender is considered on a case by case basis using a "Vulnerable Inmate Housing Plan" with the final decision determined by management staff. An example of the document was provided to the auditor.

(d) Interviews with PREA manager indicate, due to the short length of stay for offenders at WHF, they have had not had any transgender or intersex offender remain at WHF for more than six months for the last two years.

(e) This is part of the assessment tool and is considered, per interviews with staff.

(f) WDOC policy 3.402 requires transgender and intersex inmates be given the opportunity to shower separately from other inmates. WHF is compliant as all showers are individual showers.

(g) WHF has designated rooms (not segregation) as an option for the placement of "known Victims" (not necessarily sexual victims) for a 30 review period. The same rooms may be used for "potential victims" for a 30 day observation period.

Standard 115.43 Protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WDOC policy 3.402 addresses (a, b, c, d & e) verbatim from the standard. WHF does not have protective custody capabilities and does not house protective custody inmates. Any offender placed in protective housing is transferred

to higher security level facilities and the receiving facility would do the 30 day reviews.

Standard 115.51 Inmate reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) WDOC and WHF provide multiple internal ways for offenders to report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* details the reporting methods including: Making a verbal report to any staff member, report in writing to any staff member, offenders may corrected directly with WDOC Investigations Unit, and offenders can call a designated toll free number and leave a voice message. This information is provided on posters, a PREA brochure and the inmate rule book.

(b) Policy and Procedure 3.3402 *Protection from Sexual Misconduct Against Offenders* states that WDOC shall provide at least one way for offenders to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward inmate reports of sexual abuse or sexual harassment to agency officials, allowing the offender to remain anonymous upon request. WHF does not house offenders solely for civil immigration purposes.

(c) Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* states that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. An example verbal report made to staff was provided and verified staff promptly documented the report.

(d) Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* states that the agency shall provide a method for staff to privately report sexual abuse and sexual harassment of offenders. A poster that outlines staff reporting methods was provided that includes a phone number that staff can file a report by calling.

Interviews with random staff, random offenders and specialized staff support their respective knowledge of staff and offender reporting. Random staff and offenders could benefit from additional training and education of third party reporting.

The policy regarding offender mail was updated to allow for third party reporting to facility designated sources confidentially with mail being unopened. WHF's designated sources are the ACLU and Just Detentions.

Standard 115.52 Exhaustion of administrative remedies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) WDOC has administrative procedures to address inmate grievances regarding sexual abuse. WDOC Policy and Procedure 3.100 *Inmate Communication and Grievance Procedure* covers this standard.
- (b) WDOC Policy and Procedure 3.100 *Inmate Communication and Grievance Procedure* outlines the procedures for grievances regarding sexual abuse. It states that the agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse, the agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse, the agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse and that nothing in this section shall restrict the agency's ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired.
- (c) WDOC Policy and Procedure 3.100 *Inmate Communication and Grievance Procedure* states that an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and such grievance shall not be referred to a staff member who is the subject of the complaint.
- (d) WDOC Policy and Procedure 3.100 *Inmate Communication and Grievance Procedure* states that the agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. WHF's PAQ reflects there have been no grievances alleging sexual abuse within the last 12 months.
- (e) WDOC Policy and Procedure 3.100 *Inmate Communication and Grievance Procedure* outlines the process for third party assistance. WHF has not received any grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance.
- (f) WDOC Policy and Procedure 3.100 *Inmate Communication and Grievance Procedure* outlines emergency grievance procedures and is in compliance with this standard. WHF has not received any emergency grievances alleging sexual abuse in the past months.

Standard 115.53 Inmate access to outside confidential support services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a & b) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* states that the facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. Inmate handbook and posters provide phone numbers and addresses for support services for victims of sexual abuse. File documentation reveals attempts have been made for local emotional support services and advocates. No MOUs have been finalized.

WHF informs inmates, through the inmate handbook, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

(c) File documentation reveals attempts have been made for local emotional support services and advocates. No

MOUs have been finalized.

Standard 115.54 Third-party reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) WDOC's public website provides information on how to file a report on behalf of an inmate. There is a phone number listed as well as contact information for the state-wide PREA Coordinator. Third-party reports may be received verbally or in writing, in person or via telephone calls to the PREA Hotline, Warden's Office, PREA Manager, or any staff member of WHF, and third-party reports may be communicated directly via the Investigation Unit in WDOC Central Office. WDOC also posted the phone numbers and addresses for "Just Detentions" and the ACLU as third party recipients of reports.

Standard 115.61 Staff and agency reporting duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

(b) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* requires staff to report to designated supervisors or officials, but that they shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

Interviews with random staff indicate good knowledge of a and b above.

(c) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* states mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. An example report made to mental health staff was provided. Interviews with medical and mental health staff indicate they disclose the limits of confidentiality and their duty to report. One mental health staff reported to the auditor

that he had reported an incident of sexual abuse. Incident report was confirmed by the auditor reviewing the case file pending criminal investigation completion.

(d) WHF does not house any offenders under the age of 18. Wyoming State Title 35 - Public Health And Safety Chapter 20 - Adult Protective Services defines vulnerable adult and WHF has no offenders meeting this definition.

(xviii) "Vulnerable adult" means any person eighteen (18) years of age or older who is unable to manage and take care of himself or his money, assets or property without assistance as a result of advanced age or physical or mental disability;)

(e) Policy requires, and interviews with PREA manager, Warden and internal investigators confirm, WHF reports all allegations of sexual abuse and sexual harassment to designated investigators, either internally for administrative review or externally to local law enforcement or Wyoming State Patrol (through the Warden) for criminal review, or both.

Standard 115.62 Agency protection duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Per WDOC policy 3.402, when WDOC or WHF learns that an inmate is subject to a substantial risk of imminent sexual abuse, they shall take immediate action to protect the inmate. In the past 12 months, there have been no cases reported or detected in which an inmate was at substantial risk of imminent sexual abuse. Interviews with random staff, facility PREA manager and the Warden confirm WHF's commitment to, and knowledge of this standard.

Standard 115.63 Reporting to other confinement facilities

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. In the past 12 month one allegation was received at WHF that an inmate was abused while confined at another facility (WSP). The example given is somewhat confusing and appears the PREA Manager makes the

notification to the original facility (not to the facility head). The Warden of the reporting facility was copied on the e-mails. Upon interviewing the Warden and facility PREA manager, the Wardens of each facility were involved in the report and it was reported from Warden to Warden via a phone conversation followed up by e-mail notification from PREA manager to PREA manager with copies to the Wardens.

(b) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* states: Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

(c) WHF provided an email sent to the other agency and their Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* requires the notification be documented.

(d) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* states that the WDOC facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with policy. There were no reports of sexual abuse at WHF within the last 12 months.

Standard 115.64 Staff first responder duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) WDOC policy 3.402 requires first responders to take appropriate actions as required in this standard. Documentation including a sexual assault checklist and a staff report were reviewed. WHF reported that they had 4 allegations of sexual abuse reported during this audit period. Of those 4 reports, one was reported requiring first responders and none with in a time period that allowed for the collection of physical evidence.

(b) WDOC policy 3.402 covers but WHF did not have any incidents in which a non-security staff member was the first responder during the past 12 months.

Standard 115.65 Coordinated response

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) WHF's response plan is contained within Facility Operational Procedure 3.402-1 *PREA*. This plan contains all needed information to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)
- ☒ Not Applicable

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) (b) PAQ indicates no agreements have been entered into or renewed within the identified time frames. Interviews with WDOC Director, PREA Coordinator, and WHF's Warden confirmed no agreements have been entered into or reviewed.

Standard 115.67 Agency protection against retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* requires protection for all offenders and staff who report sexual abuse or sexual harassment. At WHF the PREA Compliance Manager is responsible for retaliation monitoring.

(b) WHF adheres to 3.402 and employs multiple protection measures for inmates or staff who fear retaliation for reporting or cooperating with investigations. Interview with the Warden confirms the measures, such as housing changes, transfers, etc., that have or would be taken to protect staff or inmates from retaliation.

(c) WHF will monitor for retaliation for at least 90 days following a report.

(d) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* requires periodic status checks for inmates.

(e) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* requires that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

Interview with the Warden confirms the actions to be taken should retaliation occur or be suspected. Actions could include transfers, removal of staff, housing changes, etc....

Standard 115.68 Post-allegation protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* requires any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of § 115.43. A note in the PAQ states that in the last year there have been no cases of an inmate being placed in segregated housing for protection after suffering sexual abuse.

Standard 115.71 Criminal and administrative agency investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) WDOC Policy and Procedure 1.014 Investigations and 3.402 Protection from Sexual Misconduct Against Offenders requires that when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Interviews with WHF investigative staff indicates good knowledge and appropriate handling of anonymous or third party reports. Investigations initiated immediately upon report being received.

(b) Where sexual abuse is alleged, WDOC uses investigators who have received special training in sexual abuse investigations pursuant to § 115.34. Each investigator is approved by the investigations unit Major and only after completing required training. Certificates of training completion were reviewed by the auditor.

WDOC policy 1.014, Investigations requires:

(c) Investigators to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. (WHF had one case requiring electronic data and interviews be gathered and preserved. Auditor reviewed documentation. No cases within the last 12 months required the collection of direct, physical, trace or DNA evidence.)

(d) When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. (No compelled interviews conducted within last 12 months)

(e) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. (Interview with investigators indicate the credibility of all persons involved is assessed on the individual not their status and no one is required to submit to a polygraph)

(f) Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. (g) Criminal investigations shall be documented in a written report that contains a thorough description of physical,

testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. (Auditor reviewed both administrative and criminally referred cases. Staff actions did contribute and is evidenced in the written report which describes the facts of the cases.)

(h) Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. (WHF referred two cases for prosecution)

(i) The records retention schedule for WDOC says they will retain institutional investigative files permanently.

(j) The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. (Interview with investigator confirmed this and a case is on-going with the former staff no longer employed with the agency)

(k) Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements. N/A

(l) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. (Interview with the Warden indicate constant, on-going dialog occurs with local law enforcement and district attorney's office on all pending cases)

Standard 115.72 Evidentiary standard for administrative investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) WDOC Policy and Procedure 3.402 Protection from Sexual Misconduct Against Offenders states that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. An example administrative investigation was reviewed and it included all required elements. Interviews with the Warden, facility PREA manager and investigators confirmed compliance.

Standard 115.73 Reporting to inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* requires that following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. An example investigation was reviewed and a notification letter was provided to the inmate who made

the complaint in the investigation to advise him of the outcome.

(b) If WDOC did not conduct the investigation, they request the relevant information from the investigative agency in order to inform the inmate per WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders*. No investigations were **completed** by an outside agency during this audit period.

(c) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* requires that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Auditor reviewed a letter provided to an offender when a staff member was no longer employed at the facility and that the former staff member had been indicted.

(d) Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: 1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. During this audit period no allegations by inmates against another inmate resulted where WHF learned the abuser was indictment or conviction on the charge.

(e) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* requires all notification to be documented. An example notification letter was provided.

Standard 115.76 Disciplinary sanctions for staff

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* includes disciplinary sanctions for staff.

(b) WHF states no staff were terminated in the past 12 months for violating agency sexual abuse or sexual harassment policies.

(c) In the past 12 months WHF has had one staff disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policy.

(d) In the past 12 months WHF has had three staff reported to law enforcement or licensing boards for violating agency sexual abuse or sexual harassment policies, and policy WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* does require it to be reported.

At the time the PAQ was completed, WHF had placed three staff on administrative leave pending investigation of sexual misconduct. During the site visit, two of those staff had been terminated and had been referred to the district attorney's office for possible prosecution.

Standard 115.77 Corrective action for contractors and volunteers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* does state that if any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. A memo from the PREA manager states that at WHF during the current PREA audit period there was one incident of a volunteer or contractor being investigated for PREA related issue. The contract agency terminated the employment of the contract worker and the case is under active investigation. The licensing body was notified.

(b) Remedial measures were taken in the above case and policy requires it.

Standard 115.78 Disciplinary sanctions for inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* covers disciplinary sanctions for inmates. It states that inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. In the past 12 months WHF had one case of inmate on inmate sexual abuse requiring administrative disciplinary action but not criminal action.

(b) Sanctions are commensurate with the nature and circumstances of the abuse committed based on WDOC policy 3.101, Code of Inmate Discipline and the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

(c) Per WDOC policy 3.101, the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

(d) WHF does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. One on one counseling is available; however abusers are transferred to other facilities to address underlying motivations for abusiveness.

(e) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* and Policy and Procedure 3.102 *Inmate Disciplinary Procedures* both state that inmates may be disciplined for sexual misconduct with staff only upon a finding that the staff member did not consent to such contact. There have been zero incidents where this occurred during this audit period.

(f) WDOC prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

(g) WDOC does prohibit all sexual activity between inmates, however, sexual activity between inmates/offenders

may not be deemed to constitute sexual abuse per WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* and Policy and Procedure 3.102 *Inmate Disciplinary Procedures*.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) and (c) If the screening pursuant to § 115.41 indicates that a prison/jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, WHF staff refer that inmate to a one on one follow-up meeting with the mental health provider immediately upon completion of the screening. The mental health provider is involved in the intake procedure. WDOC policy 3.402 states that a prison/jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

(b) If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community. WHF staff refer that inmate to a one on one follow-up meeting with the mental health provider immediately upon completion of the screening. The mental health provider is involved in the intake procedure. WDOC policy 3.402 requires compliance with this standard.

(d) WDOC policy 3.402 requires any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Interviews with mental health staff, the Warden and the facility PREA manager confirm this.

(e) WDOC policy requires medical and mental health practitioners to obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. Documentation provided by WHF and Corizon (medical provider) and interviews with medical/mental health staff confirms this does occur.

Standard 115.82 Access to emergency medical and mental health services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WDOC policy 3.402 requires:

- (a) Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. (Per the PAQ, WHF has had no incidents in the last 12 months which required emergency medical treatment or crisis intervention.)
- (b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners. (Per the PAQ, WHF has had no incidents in the last 12 months which required emergency medical treatment or crisis intervention.)
- (c) Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. (Per the PAQ, WHF has had no incidents in the last 12 months which required emergency contraceptive or medical treatment for sexually transmitted infections.)
- d) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WDOC policy 3.402 requires:

- (a) WHF offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. (Interview with mental health provider confirms offers one on one treatment for any offender who has been victimized by sexual abuse)
- b) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.
- (c) The facility shall provide such victims with medical and mental health services consistent with the community level of care.
- (d & e) WHF houses no female offenders.
- f) Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.
- (g) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
- (h) Per interviews with intake staff and a mental health provider, a mental health evaluation of all known inmate on-inmate abusers occurs within 60 days (day of arrival or notification in most cases) of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. If treatment has not previously occurred the known abuser will be transferred to a facility offering treatment for abusers.

Standard 115.86 Sexual abuse incident reviews

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WDOC policy 3.402, Protection from Sexual Misconduct Against Offenders:

- (a) WHF conducts sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. WHF had two incident reviews required and completed.
- b) Both reviews occurred within 30 days of the conclusion of the investigation.
- (c) The review team does include upper level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. (WHF example given had the Associate Warden, an investigator, a nurse, a chaplain and live supervisor assigned)
- d) Documentation revealed the review team did: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. (all components listed above are listed in the review documentation)
- (e) WHF did implement the recommendations for improvement, or shall document its reasons for not doing so. (WHF modified procedures on inmates entering other inmates rooms and staff rounds within the units due to the findings of an incident review)

Standard 115.87 Data collection

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WDOC policy 3.402, Protection from Sexual Misconduct Against Offenders requires compliance.

(a)/(c) WDOC collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

(b) WDOC aggregates the incident-based sexual abuse data at least annually.

(d) WDOC maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

(e) WDOC obtains incident based and aggregated data from Cheyenne Transitional Center, Casper Reentry Center and Therapeutic Community and Volunteers of America Gillette, with which it contracts for the confinement of its inmates.

(f) WDOC provided all data from 2015 year to the Department of Justice.

Standard 115.88 Data review for corrective action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) WDOC reviews data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. This is evidenced by the website <http://corrections.wy.gov/>

(b) The report includes a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. This is evidenced by the website <http://corrections.wy.gov/>

(c) WDOC's report was approved by the Director of Prisons and made available to the public through its website.

(d) The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

Standard 115.89 Data storage, publication, and destruction

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

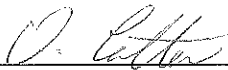
- (a) WDOC policy 3.402 requires that data collected pursuant to § 115.87 are securely retained.
- (b) WDOC makes all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through the website <http://corrections.wy.gov/> as required by policy 3.402.
- (c) Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. No personal identifiers were found on the website.
- (d) WDOC policy 3.402 requires maintaining sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection unless federal, state, or local law requires otherwise.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Dave Cotten



8/26/16

Auditor Signature

Date